

SENDER WILL CHECK		LOCATION TOP AND BOTTOM	
<input type="checkbox"/> UNCLASSIFIED	<input checked="" type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/> SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	[REDACTED]		Am
2	[REDACTED] AmR		
3	DD/ORD		
4	O/ORD	7/17	JG
5			
6	[REDACTED]		
<input type="checkbox"/> ACTION		<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL		<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT		<input type="checkbox"/> FILE	<input checked="" type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE		<input checked="" type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE
Remarks:			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
[REDACTED]			7/2/79
<input type="checkbox"/> UNCLASSIFIED		<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET